

<i>SERFF Tracking Number:</i>	<i>GECC-125506880</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>GEICO Indemnity Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>2008-062</i>		
<i>TOI:</i>	<i>19.0 Personal Auto</i>	<i>Sub-TOI:</i>	<i>19.0001 Private Passenger Auto (PPA)</i>
<i>Product Name:</i>	<i>062-Auto-Forms</i>		
<i>Project Name/Number:</i>	<i>062-Auto-Forms/2008-062</i>		

## Filing at a Glance

Companies: GEICO Indemnity Company, GEICO Casualty Company, GEICO General Insurance Company, Government Employees Insurance Company

Product Name: 062-Auto-Forms	SERFF Tr Num: GECC-125506880	State: Arkansas
TOI: 19.0 Personal Auto	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 19.0001 Private Passenger Auto (PPA)	Co Tr Num: 2008-062	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Alexa Grissom, Betty Montesi, Brittany Yielding
	Author: Ashlee Michell	Disposition Date: 03/18/2008
	Date Submitted: 02/26/2008	Disposition Status: Approved
Effective Date Requested (New): On Approval		Effective Date (New): 03/18/2008
Effective Date Requested (Renewal): On Approval		Effective Date (Renewal):
State Filing Description:		

## General Information

Project Name: 062-Auto-Forms	Status of Filing in Domicile:
Project Number: 2008-062	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 03/18/2008	
State Status Changed: 02/26/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
Specifically, we propose to place on file the following new forms:	

Government Employees Insurance Company, GEICO General Insurance Company, GEICO Indemnity Company and GEICO Casualty Company (Private Passenger Auto and Motorcycle):

<i>SERFF Tracking Number:</i>	<i>GECC-125506880</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>GEICO Indemnity Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>2008-062</i>		
<i>TOI:</i>	<i>19.0 Personal Auto</i>	<i>Sub-TOI:</i>	<i>19.0001 Private Passenger Auto (PPA)</i>
<i>Product Name:</i>	<i>062-Auto-Forms</i>		
<i>Project Name/Number:</i>	<i>062-Auto-Forms/2008-062</i>		

U-31-DP-20(7-07) - Dec Page 2

Government Employees Insurance Company, GEICO General Insurance Company:

U31DPOV3(7-07) - Overflow Dec Page - Discounts

U31DPOV4(7-07) - Overflow Dec Page - Surcharges

U31DPOV5(7-07) - Overflow Dec Page – Important Messages

GEICO Indemnity Company (Private Passenger Auto and Motorcycle) and GEICO Casualty Company:

U31DPV11(7-07) - Overflow Dec Page – Important Messages

U31DPV13(7-07) - Overflow Dec Page - Discounts

U31DPV14(7-07) - Overflow Dec Page - Surcharges

Additionally, we are withdrawing the following form currently on file with your department:

U-31-DP(1-85).

## Company and Contact

### Filing Contact Information

Maria Papagjika, Analyst, State Filings	mpapagjika@geico.com
One GEICO Plaza	(301) 986-3792 [Phone]
Washington, DC 20076	(301) 986-3922[FAX]

### Filing Company Information

GEICO Indemnity Company	CoCode: 22055	State of Domicile: Maryland
4608 Willard Avenue	Group Code: 31	Company Type:
Chevy Chase, MD 20815	Group Name:	State ID Number:
(800) 824-5404 ext. [Phone]	FEIN Number: 52-0794134	
	-----	
GEICO Casualty Company	CoCode: 41491	State of Domicile: Maryland
4608 Willard Avenue	Group Code: 31	Company Type:
Chevy Chase, MD 20815	Group Name:	State ID Number:
(800) 824-5404 ext. [Phone]	FEIN Number: 52-1264413	

<i>SERFF Tracking Number:</i>	<i>GECC-125506880</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>GEICO Indemnity Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>2008-062</i>		
<i>TOI:</i>	<i>19.0 Personal Auto</i>	<i>Sub-TOI:</i>	<i>19.0001 Private Passenger Auto (PPA)</i>
<i>Product Name:</i>	<i>062-Auto-Forms</i>		
<i>Project Name/Number:</i>	<i>062-Auto-Forms/2008-062</i>		

GEICO General Insurance Company	----- CoCode: 35882	State of Domicile: Maryland
4608 Willard Avenue	Group Code: 31	Company Type:
Chevy Chase, MD 20815	Group Name:	State ID Number:
(800) 824-5404 ext. [Phone]	FEIN Number: 75-1588101	

Government Employees Insurance Company	----- CoCode: 22063	State of Domicile: Maryland
4608 Willard Avenue	Group Code: 31	Company Type:
Chevy Chase, MD 20815	Group Name:	State ID Number:
(800) 824-5404 ext. [Phone]	FEIN Number: 53-0075853	

<i>SERFF Tracking Number:</i>	<i>GECC-125506880</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>GEICO Indemnity Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>2008-062</i>		
<i>TOI:</i>	<i>19.0 Personal Auto</i>	<i>Sub-TOI:</i>	<i>19.0001 Private Passenger Auto (PPA)</i>
<i>Product Name:</i>	<i>062-Auto-Forms</i>		
<i>Project Name/Number:</i>	<i>062-Auto-Forms/2008-062</i>		

## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	\$50 per filing x 1 filing = \$50.00
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
GEICO Indemnity Company	\$50.00	02/26/2008	18157855
GEICO Casualty Company	\$0.00	02/26/2008	
GEICO General Insurance Company	\$0.00	02/26/2008	
Government Employees Insurance Company	\$0.00	02/26/2008	

SERFF Tracking Number:	GECC-125506880	State:	Arkansas
First Filing Company:	GEICO Indemnity Company, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	2008-062		
TOI:	19.0 Personal Auto	Sub-TOI:	19.0001 Private Passenger Auto (PPA)
Product Name:	062-Auto-Forms		
Project Name/Number:	062-Auto-Forms/2008-062		

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Alexa Grissom	03/18/2008	03/18/2008

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending	Alexa Grissom	02/26/2008	02/26/2008	Ashlee Michell	03/17/2008	03/17/2008
Industry						
Response						

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Acknowledgement	Note To Reviewer	Ashlee Michell	03/03/2008	03/03/2008

<i>SERFF Tracking Number:</i>	<i>GECC-125506880</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>GEICO Indemnity Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>2008-062</i>		
<i>TOI:</i>	<i>19.0 Personal Auto</i>	<i>Sub-TOI:</i>	<i>19.0001 Private Passenger Auto (PPA)</i>
<i>Product Name:</i>	<i>062-Auto-Forms</i>		
<i>Project Name/Number:</i>	<i>062-Auto-Forms/2008-062</i>		

## Disposition

Disposition Date: 03/18/2008  
Effective Date (New): 03/18/2008  
Effective Date (Renewal):  
Status: Approved  
Comment:

Rate data does NOT apply to filing.

### Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

SERFF Tracking Number:	GECC-125506880	State:	Arkansas
First Filing Company:	GEICO Indemnity Company, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	2008-062		
TOI:	19.0 Personal Auto	Sub-TOI:	19.0001 Private Passenger Auto (PPA)
Product Name:	062-Auto-Forms		
Project Name/Number:	062-Auto-Forms/2008-062		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Supporting Document	Change Sheets	Approved	Yes
Supporting Document	"John Doe" Form Copies	Approved	Yes
Form	Dec Page 1	Approved	Yes
Form	Dec Page 2	Approved	Yes
Form	Overflow Dec Page - Discounts	Approved	Yes
Form	Overflow Dec Page - Surcharges	Approved	Yes
Form	Overflow Dec Page - Important Messages	Approved	Yes
Form	Overflow Dec Page - Important Messages	Approved	Yes
Form	Overflow Dec Page - Discounts	Approved	Yes
Form	Overflow Dec Page - Surcharges	Approved	Yes
Form	Free Form Declaration Sheet	Approved	Yes

SERFF Tracking Number: GECC-125506880 State: Arkansas  
First Filing Company: GEICO Indemnity Company, ... State Tracking Number: EFT \$50  
Company Tracking Number: 2008-062  
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)  
Product Name: 062-Auto-Forms  
Project Name/Number: 062-Auto-Forms/2008-062

## Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 02/26/2008

Submitted Date 02/26/2008

Respond By Date

Dear Maria Papagjika,

This will acknowledge receipt of the captioned filing. Please submit "John Doe" examples of the submitted forms.

Please feel free to contact me if you have questions.

Sincerely,

Alexa Grissom

## Response Letter

Response Letter Status Submitted to State

Response Letter Date 03/17/2008

Submitted Date 03/17/2008

Dear Alexa Grissom,

### Comments:

### Response 1

Comments: Attached please find a sample GE Endorsement dec package with the U-31-DP-1, U-31-DP-20 and U31DPOV5; a GI New Business dec package with the U-31-DP-1, U-31-DP-20 and U31DPV11. I've also attached a sample of a U31DPOV3 Discount Overflow form.

The U31DPOV4, U31DPV13 and U31DPV14 would look similar to the sample U31DPOV3.

Based on this additional information we would appreciate your further consideration of our request. Upon your final review, please forward your stamped approval for our records.

Thank you,

Ashlee Michell,

Analyst, State Filings



*SERFF Tracking Number:*      *GECC-125506880*

*State:*      *Arkansas*

*First Filing Company:*      *GEICO Indemnity Company, ...*

*State Tracking Number:*      *EFT \$50*

*Company Tracking Number:*      *2008-062*

*TOI:*      *19.0 Personal Auto*

*Sub-TOI:*      *19.0001 Private Passenger Auto (PPA)*

*Product Name:*      *062-Auto-Forms*

*Project Name/Number:*      *062-Auto-Forms/2008-062*

**Changed Items:**

**Supporting Document Schedule Item Changes**

Satisfied -Name: "John Doe" Form Copies

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,  
Ashlee Mitchell

<i>SERFF Tracking Number:</i>	<i>GECC-125506880</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>GEICO Indemnity Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>2008-062</i>		
<i>TOI:</i>	<i>19.0 Personal Auto</i>	<i>Sub-TOI:</i>	<i>19.0001 Private Passenger Auto (PPA)</i>
<i>Product Name:</i>	<i>062-Auto-Forms</i>		
<i>Project Name/Number:</i>	<i>062-Auto-Forms/2008-062</i>		

**Note To Reviewer**

**Created By:**

Ashlee Michell on 03/03/2008 08:19 AM

**Subject:**

Acknowledgement

**Comments:**

This is to acknowledge receipt of your inquiry dated February 26, 2008.

We are in the process of preparing a response that will be forwarded to you as soon as it becomes available.

Please continue to hold this filing in suspense pending our reply.

Thank you,  
Ashlee Michell  
Analyst, State Filings

SERFF Tracking Number:	GECC-125506880	State:	Arkansas
First Filing Company:	GEICO Indemnity Company, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	2008-062		
TOI:	19.0 Personal Auto	Sub-TOI:	19.0001 Private Passenger Auto (PPA)
Product Name:	062-Auto-Forms		
Project Name/Number:	062-Auto-Forms/2008-062		

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Dec Page 1	U-31-DP-	17-07	Declaration New s/Schedule		0.00	u31dp1f.pdf
Approved	Dec Page 2	U-31-DP-	7-07	Declaration New s/Schedule		0.00	u31dp20f.pdf
Approved	Overflow Dec Page - Discounts	U31DPOV 3	7-07	Declaration New s/Schedule		0.00	U31DPOV3.pdf
Approved	Overflow Dec Page - Surcharges	U31DPOV 4	7-07	Declaration New s/Schedule		0.00	U31DPOV4.pdf
Approved	Overflow Dec Page - Important Messages	U31DPOV 5	7-07	Declaration New s/Schedule		0.00	U31DPOV5.pdf
Approved	Overflow Dec Page - Important Messages	U31DPV1 1	7-07	Declaration New s/Schedule		0.00	U31DPV11.pdf
Approved	Overflow Dec Page - Discounts	U31DPV1 3	7-07	Declaration New s/Schedule		0.00	U31DPV13.pdf
Approved	Overflow Dec Page - Surcharges	U31DPV1 4	7-07	Declaration New s/Schedule		0.00	U31DPV14.pdf
Approved	Free Form Declaration Sheet	U-31-DP	1-85	Declaration Withdrawn s/Schedule	Replaced Form #:	0.00	

Previous Filing #:



**TEL:**

**FAX:**

U-31-DP-1 (7-07)

**Policy Number:**

This is a description of your coverage. Please keep for your records.

Item 1: Named Insured and Address

E-Mail Address:

**Date Issued:**

Policy Period From \_\_\_\_\_ to \_\_\_\_\_ 12:01 a.m. Local time at the address of the named insured.

The insured vehicle(s) will be regularly garaged in the town and state shown in Item 1, except as noted in the Vehicle Segment.

**Contract Type:**

## IMPORTANT MESSAGES

Date Issued:	Policy Number:
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VEHICLE	RATED LOCATION	CLASS
---------	----------------	-------

COVERAGES	LIMITS OR DEDUCTIBLES	Vehicle	PREMIUMS	Vehicle	Vehicle
Coverage applies where a premium or 0.00 is shown for the vehicle.					

If you elect to pay your premium in installments, you may be subject to an additional fee for each installment. The fee amount will be shown on your billing statements and is subject to change.

Premiums for these vehicles are based on the following Discounts and/or Surcharges:

Lienholder Vehicle	Lienholder Vehicle	Lienholder Vehicle
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**Discounts Continued**

**Date Issued:**

**Policy Number:**

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**Surcharges Continued**

**Date Issued:**

**Policy Number:**

---

Important Messages Continued	Date Issued:	Policy Number:
MPORTANT MESSAGES		

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Important Messages Continued	Date Issued:	Policy Number:
MPORTANT MESSAGES		

**Discounts Continued**

**Date Issued:**

**Policy Number:**

---

**Surcharges Continued**

**Date Issued:**

**Policy Number:**

---

<i>SERFF Tracking Number:</i>	<i>GECC-125506880</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>GEICO Indemnity Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>2008-062</i>		
<i>TOI:</i>	<i>19.0 Personal Auto</i>	<i>Sub-TOI:</i>	<i>19.0001 Private Passenger Auto (PPA)</i>
<i>Product Name:</i>	<i>062-Auto-Forms</i>		
<i>Project Name/Number:</i>	<i>062-Auto-Forms/2008-062</i>		

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number:	GECC-125506880	State:	Arkansas
First Filing Company:	GEICO Indemnity Company, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	2008-062		
TOI:	19.0 Personal Auto	Sub-TOI:	19.0001 Private Passenger Auto (PPA)
Product Name:	062-Auto-Forms		
Project Name/Number:	062-Auto-Forms/2008-062		

## Supporting Document Schedules

<b>Satisfied -Name:</b>	Uniform Transmittal Document-Property & Casualty	<b>Review Status:</b>	Approved	03/18/2008
<b>Comments:</b>				
<b>Attachment:</b>	trans.pdf			
<b>Satisfied -Name:</b>	Cover Letter	<b>Review Status:</b>	Approved	03/18/2008
<b>Comments:</b>				
<b>Attachment:</b>	AR Cover Letter.pdf			
<b>Satisfied -Name:</b>	Change Sheets	<b>Review Status:</b>	Approved	03/18/2008
<b>Comments:</b>				
<b>Attachment:</b>	AR forms change sheets 2008-062.pdf			
<b>Satisfied -Name:</b>	"John Doe" Form Copies	<b>Review Status:</b>	Approved	03/18/2008
<b>Comments:</b>				
<b>Attachments:</b>	Pages from ENDR-GE-REG3.pdf			
	Pages from NEWBUS-GI-REG3.pdf			
	NEWBUS-GE-REG4 sample u31dpov3.pdf			

## Property &amp; Casualty Transmittal Document

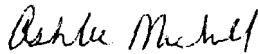
<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b>	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

<b>3. Group Name</b>	<b>Group NAIC #</b>
GEICO	0031

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Government Employees Insurance Company (GE)	MD	22063	53-0075853	N/A
GEICO General Insurance Company (GG)	MD	35882	75-1588101	N/A
GEICO Indemnity Company	MD	22055	52-0794134	N/A
GEICO Casualty Company	MD	41491	52-1264413	N/A

<b>5. Company Tracking Number</b>	2008-062
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## Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Ashlee Michell 4608 Willard Avenue Chevy Chase, MD 20815	Analyst, State Filings	800-824-5404 ext. 3288	301-986-3922	amichell@geico.com
7. Signature of authorized filer				
8. Please print name of authorized filer		Ashlee Michell		

## Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	19.0
10. Sub-Type of Insurance (Sub-TOI)	19.1/21.1/19.0002
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	N/A
12. Company Program Title (Marketing title)	Automobile and Motorcycle Casualty Forms Manual
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New:   Upon Approval   Renewal:   Upon Approval
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	February 25, 2008
19. Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	2008-062
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

Specifically, we propose to place on file the following new forms:

**Government Employees Insurance Company, GEICO General Insurance Company, GEICO Indemnity Company and GEICO Casualty Company (Private Passenger Auto and Motorcycle):**

U-31-DP-1(7-07) - Dec Page 1

U-31-DP-20(7-07) - Dec Page 2

**Government Employees Insurance Company, GEICO General Insurance Company:**

U31DPOV3(7-07) - Overflow Dec Page - Discounts

U31DPOV4(7-07) - Overflow Dec Page - Surcharges

U31DPOV5(7-07) - Overflow Dec Page – Important Messages

**GEICO Indemnity Company (Private Passenger Auto and Motorcycle) and GEICO Casualty Company:**

U31DPV11(7-07) - Overflow Dec Page – Important Messages

U31DPV13(7-07) - Overflow Dec Page - Discounts

U31DPV14(7-07) - Overflow Dec Page - Surcharges

Additionally, we are withdrawing the following form currently on file with your department:

U-31-DP(1-85).

22.	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below] <b>N/A</b>
<b>Check #: N/A - EFT</b> <b>Amount: \$50.00</b>	
<b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b>	

\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

**FORM FILING SCHEDULE**

(This form must be provided **ONLY** when making a filing that includes forms)  
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>		2008-062		
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)				
<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement Or withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01	Dec Page 1	U-31-DP-1(7-07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Dec Page 2	U-31-DP-20(7-07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	Overflow Dec Page – Discounts	U31DPOV3(7-07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04	Overflow Dec Page - Surcharges	U31DPOV4(7-07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05	Overflow Dec Page - Important Messages	U31DPOV5(7-07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06	Overflow Dec Page - Important Messages	U31DPV11(7-07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07	Overflow Dec Page - Discounts	U31DPV13(7-07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08	Overflow Dec Page - Surcharges	U31DPV14(7-07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09	Free Form Declaration Sheet	U-31-DP(1-85)	<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1





- Government Employees Insurance Company
- GEICO General Insurance Company
- GEICO Indemnity Company
- GEICO Casualty Company

ONE GEICO PLAZA ■ Washington, D.C. 20076-0001

February 25, 2008

Honorable Julie Benafield Bowman  
Commissioner of Insurance  
Arkansas Insurance Department  
1200 West Third Street  
Little Rock, Arkansas 72201-1904

Re: Government Employees Insurance Company	NAIC# 031-22063
GEICO General Insurance Company	NAIC# 031-35882
GEICO Indemnity Company	NAIC# 031-22055
GEICO Casualty Company	NAIC# 031-41491
Automobile Casualty Forms Manual Revision	
Motorcycle Casualty Forms Manual Revision	
File No.: 2008-062	

Dear Commissioner Bowman:

For your review and approval, the above referenced companies herewith submit revisions to their Automobile and Motorcycle Casualty Forms Manual currently on file with your department.

Specifically, we propose to place on file the following new forms:

**Government Employees Insurance Company, GEICO General Insurance Company, GEICO Indemnity Company and GEICO Casualty Company (Private Passenger Auto and Motorcycle):**

U-31-DP-1(7-07) - Dec Page 1  
U-31-DP-20(7-07) - Dec Page 2

**Government Employees Insurance Company, GEICO General Insurance Company:**

U31DPOV3(7-07) - Overflow Dec Page - Discounts  
U31DPOV4(7-07) - Overflow Dec Page - Surcharges  
U31DPOV5(7-07) - Overflow Dec Page - Important Messages

**GEICO Indemnity Company (Private Passenger Auto and Motorcycle) and GEICO Casualty Company:**

U31DPV11(7-07) - Overflow Dec Page - Important Messages  
U31DPV13(7-07) - Overflow Dec Page - Discounts  
U31DPV14(7-07) - Overflow Dec Page - Surcharges

Additionally, we are withdrawing the following form currently on file with your department:

U-31-DP(1-85).

Enclosed please find copies of the new forms for your convenience. Upon completion of your review, please forward your stamped approval for our records.

Sincerely,

Ashlee Michell  
Analyst, State Filings  
(800) 824-5404 ext.3288  
email: amichell@geico.com  
Enclosures

GOVERNMENT EMPLOYEES INSURANCE COMPANY  
GEICO GENERAL INSURANCE COMPANY  
AUTOMOBILE  
ARKANSAS– CHANGE SHEET

POLICY SECTION: The following new forms are to be placed on file.

**New Forms:**

U-31-DP-1(7-07) - Dec Page 1  
U-31-DP-20(7-07) - Dec Page 2  
U31DPOV3(7-07) - Overflow Dec Page - Discounts  
U31DPOV4(7-07) - Overflow Dec Page - Surcharges  
U31DPOV5(7-07) - Overflow Dec Page – Important Messages

**Withdrawn Form:**

U-31-DP(1-85)

**File #: 2008-062**

GEICO INDEMNITY COMPANY  
AUTOMOBILE  
ARKANSAS– CHANGE SHEET

POLICY SECTION: The following new forms are to be placed on file.

**New Forms:**

U-31-DP-1(7-07) - Dec Page 1  
U-31-DP-20(7-07) - Dec Page 2  
U31DPV11(7-07) - Overflow Dec Page – Important Messages  
U31DPV13(7-07) - Overflow Dec Page - Discounts  
U31DPV14(7-07) - Overflow Dec Page - Surcharges

**Withdrawn Form:**

U-31-DP(1-85)

GEICO CASUALTY COMPANY  
AUTOMOBILE  
ARKANSAS– CHANGE SHEET

POLICY SECTION: The following new forms are to be placed on file.

**New Forms:**

U-31-DP-1(7-07) - Dec Page 1  
U-31-DP-20(7-07) - Dec Page 2  
U31DPV11(7-07) - Overflow Dec Page – Important Messages  
U31DPV13(7-07) - Overflow Dec Page - Discounts  
U31DPV14(7-07) - Overflow Dec Page - Surcharges

**Withdrawn Form:**

U-31-DP(1-85)

GEICO INDEMNITY COMPANY  
MOTORCYCLE  
ARKANSAS– CHANGE SHEET

POLICY SECTION: The following new forms are to be placed on file.

**New Forms:**

U-31-DP-1(7-07) - Dec Page 1  
U-31-DP-20(7-07) - Dec Page 2  
U31DPV11(7-07) - Overflow Dec Page – Important Messages  
U31DPV13(7-07) - Overflow Dec Page - Discounts  
U31DPV14(7-07) - Overflow Dec Page - Surcharges

**Withdrawn Form:**

U-31-DP(1-85)



TEL: 1-800-MILITARY

FAX: 1-305-503-6983

U-31-DP-1 (7-07)

Policy Number: 3003-23-33-62

GOVERNMENT EMPLOYEES INSURANCE COMPANY

ONE GEICO PLAZA, WASHINGTON, DC 20076-0001

FAMILY AUTOMOBILE POLICY ENDORSEMENT DECLARATIONS

This is a description of your coverage. Please keep for your records.

Item 1: Named Insured and Address

WILL E SMITHE

6416 COLONEL GLENN RD

LITTLE ROCK AR 72204-7724

E-Mail Address: NOT ON FILE

Date Issued: 03-05-08

ENDORSEMENT EFFECTIVE:

04-13-08

Policy Period From 04-13-08

to 10-13-08

12:01 a.m. Local time at the address of the named insured.

The insured vehicle(s) will be regularly garaged in the town and state shown in Item 1, except as noted in the Vehicle Segment.

Contract Type: A30AR

CONTRACT AMENDMENTS: ALL VEHICLES - A30AR A54AR

UNIT ENDORSEMENTS: A190 (VEH 1,2)

IMPORTANT MESSAGES

-Please review the reverse side of this page for coverage and discount information.

-The GEICO Property Agency can arrange for your homeowner's, renter's and condominium owner's insurance needs. Just call toll-free at 1-888-306-9500. Refinancing? Let us provide the new Homeowner's Policy you need.

-Congratulations! You have qualified for a Military Discount on your policy. The reduction is reflected in your policy premium.

-You are receiving a \$30.30 discount based on your membership in GFCU .

-We have changed your coverage because an option form we sent to you has not been signed and returned. The signed option form authorizes us to continue your previous level of coverage.

-Visit our website at geico.com to discover how easy it is to make your payment on-line or to enroll in our Direct Pay Program for even greater savings.

-As a normal course of business, we routinely audit our policies. During a review of your Automobile Policy, it was discovered that we made a rating error. We have gone back to the original effective date of your policy and corrected our error. A credit will be applied to your policy or if you have paid in full, a refund will be issued. We sincerely apologize for the error.

-It is our policy to write the same limits of liability on all vehicles. We have adjusted all units accordingly.

-You have currently chosen to receive documents via E-Policy. If you now wish to receive paper documents or change your email address, please visit us at geico.com and update your policy accordingly

CONTINUED ON NEXT PAGE(S)

**Date Issued: 03-05-08**

T-N

**Policy Number: 3003-23-33-62**

VEHICLE		RATED LOCATION	CLASS
1 07 ACURA	12345678965412365	LITTLE ROCK AR 72204	A -L -50-64 -L
2 05 AUDI	WAULC68E051234567	LITTLE ROCK AR 72204	A -L -50-64 -L

**COVERAGES**

Coverage applies where a premium or 0.00 is shown for the vehicle.

**LIMITS OR  
DEDUCTIBLES****Vehicle 1****PREMIUMS****Vehicle 2****Vehicle**

BODILY INJURY LIABILITY EACH PERSON/EACH OCCURRENCE	\$100,000/\$300,000	73.90	62.80
PROPERTY DAMAGE LIABILITY	\$50,000	55.10	46.80
MEDICAL PAYMENTS	\$1,000	13.90	7.60
UNINSURED MOTORISTS BODILY INJURY EACH PERSON/EACH OCCURRENCE	\$100,000/\$300,000	22.40	18.00
UNDERINSURED MOTORIST EACH PERSON/EACH OCCURRENCE	\$100,000/\$300,000	25.30	25.30

**SIX MONTH PREMIUM PER VEHICLE:****\$ 190.60 \$ 160.50**

If you elect to pay your premium in installments, you may be subject to an additional fee for each installment. The fee amount will be shown on your billing statements and is subject to change.

**Premiums for these vehicles are based on the following Discounts and/or Surcharges:**

DISCOUNTS MILITARY (VEH 1,2); SEATBELT (VEH 1,2);  
MULTI-CAR (VEH 1,2); SPONSORED GROUP (VEH 1,2);  
DEFENSIVE DRIVER (VEH 1,2); 5 YEAR GOOD DRIVING (VEH 1,2);  
PASSIVE RESTRAINT/AIR BAG (VEH 2)

**Lienholder Vehicle****Lienholder Vehicle****Lienholder Vehicle**

**Important Messages Continued****Date Issued: 03-05-08****Policy Number: 3003-23-33-62****IMPORTANT MESSAGES**

-We have added Towing Service to your 0000 ENOA ENOA, per your request. In the event you need towing assistance, please call 1-800-42-GEICO and an operator will dispatch a qualified motorcycle tow truck to assist you.

-To ensure you have received all policy documents, we have enclosed duplicate policy paperwork for your records. No response is necessary.

-Test message for testing Consolidated Endorsement Alpha Numeric message.

-A credit or discount has been applied to this policy: 5 YEAR GOOD DRIVING. A credit or discount has been applied to this policy: DEFENSIVE DRIVER. A credit or discount has been applied to this policy: MULTI-CAR. A credit or discount has been applied to this policy: SEATBELT. A credit or discount has been applied to this policy: PASSIVE RESTRAINT/AIR BAG.

-Thank you for your recent internet request. We tried to respond via email but our response was returned undeliverable. Please logon to [www.geico.com](http://www.geico.com) using your policy number and password to update your email address.

-Since we have not received the Personal Injury Protection Option Form, we have adjusted this coverage to meet state requirements.

-Please provide us with the exact location of your vehicle(s) including the complete address, state and zip code.

-The 2005 AUDI has been added to your policy.

-Please call our toll free number 1-800-841-3000 and provide us with the lienholder's/additional insured name and address for your #YRMK.

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\*00010130032336203014000039\*







TEL: 1-800-841-3000

FAX: 1-305-503-6983

U-31-DP-1 (7-07)

**Policy Number: 3003-58-55-30**

GEICO INDEMNITY COMPANY

ONE GEICO PLAZA, WASHINGTON, DC 20047-0001

**FAMILY AUTOMOBILE POLICY NEW BUSINESS DECLARATIONS**

This is a description of your coverage. Please keep for your records.

Item 1: Named Insured and Address

CAMERON TEST AND DAISY TEST

UPM SUPPORT TABLES

BEN LOMOND AR 71823

E-Mail Address: NOT ON FILE

**Date Issued: 03-05-08**

Policy Period From 03-05-08 to 09-05-08 12:01 a.m. Local time at the address of the named insured.

The insured vehicle(s) will be regularly garaged in the town and state shown in Item 1, except as noted in the Vehicle Segment.

**Contract Type:** A30AR

**CONTRACT AMENDMENTS:** ALL VEHICLES - CRA233AR

**UNIT ENDORSEMENTS:** CRA115 (VEH 1,2); CRA126A (VEH 1,2); CRA21 (VEH 1,2);  
CRA280 (VEH 2); CRA287C (VEH 1,2); CRA431 (VEH 1,2);  
CRA45 (VEH 1,2)

**IMPORTANT MESSAGES**

- Please review the reverse side of this page for coverage and discount information.
- The GEICO Property Agency can arrange for your homeowner's, renter's and condominium owner's insurance needs. Just call toll-free at 1-888-306-9500. Refinancing? Let us provide the new Homeowner's Policy you need.
- Active Duty, Guard, Reserve or Retired Military: Call 1-800-MILITARY to see if you qualify for the Military Discount.
- As your vehicle ages, the Multi-Risk Coverage you carry becomes nearly impossible to replace. Renew your policy today and enjoy continuous coverage against costly mechanical breakdowns.
- Reminder - Physical damage coverage will not cover loss for custom options on an owned auto, including equipment, furnishings or finishings including paint, if the existence of those options has not been previously reported to us. Please call us at 1-800-841-3000 if you have any questions or wish to purchase additional coverage for customized equipment not included above.
- We have changed your coverage because an option form we sent to you has not been signed and returned. The signed option form authorizes us to continue your previous level of coverage.
- Visit our website at geico.com to discover how easy it is to make your payment on-line or to enroll in our Direct Pay Program for even greater savings.
- Please verify that the coverages you requested are accurately reflected on your policy declaration sheet. Other coverages and limits may also be available. Enclosed you will find a form that will assist you in making any needed changes to the Uninsured Motorist Coverages shown.

CONTINUED ON NEXT PAGE(S)

**Date Issued: 03-05-08**

T-2

**Policy Number: 3003-58-55-30****VEHICLE**1 04 GMC  
2 06 MINI1GKJK63U049652140  
WMWRC334062014568**RATED LOCATION**BEN LOMOND AR 71823  
BEN LOMOND AR 71823**CLASS**9 -N -2-MMP -L  
A -L -2-MFP -L**COVERAGES**

Coverage applies where a premium or 0.00 is shown for the vehicle.

**LIMITS OR  
DEDUCTIBLES****Vehicle 1****PREMIUMS****Vehicle 2****Vehicle**

BODILY INJURY LIABILITY

EACH PERSON/EACH OCCURRENCE

\$50,000/\$100,000

696.10

78.70

PROPERTY DAMAGE LIABILITY

\$50,000

643.40

72.70

MEDICAL BENEFITS

\$5,000

112.60

37.30

ACCIDENTAL DEATH BENEFITS

\$5,000

2.10

1.80

LOST EARNINGS

\$140 WEEKLY

3.40

3.10

UNINSURED MOTORISTS BODILY INJURY

EACH PERSON/EACH OCCURRENCE

\$50,000/\$100,000

21.20

21.20

UNINSURED MOTORIST PROPERTY DAMAGE

\$25,000/\$200

30.90

30.90

UNDERINSURED MOTORIST

EACH PERSON/EACH OCCURRENCE

\$50,000/\$100,000

17.40

17.40

COMPREHENSIVE

\$500 DED

270.30

COLLISION

\$500 DED

2,768.90

EMERGENCY ROAD SERVICE

FULL

11.00

7.70

RENTAL REIMBURSEMENT

\$25 PER DAY  
\$750 MAX

17.00

17.00

SEE NEXT PAGE

**SIX MONTH PREMIUM PER VEHICLE:****\$ 4594.30 \$ 993.40**

If you elect to pay your premium in installments, you may be subject to an additional fee for each installment. The fee amount will be shown on your billing statements and is subject to change.

**Premiums for these vehicles are based on the following Discounts and/or Surcharges:**

DISCOUNTS MULTI-CAR (VEH 1,2); 5 YEAR GOOD DRIVING (VEH 2)

SURCHARGES ACCIDENT AND/OR CONVICTION AND/OR INEXPERIENCED OPERATOR  
(VEH 1)

**Lienholder Vehicle****Lienholder Vehicle****Lienholder Vehicle**

**Date Issued: 03-05-08**

T-2

**Policy Number: 3003-58-55-30****VEHICLE**1 04 GMC  
2 06 MINI1GKJK63U049652140  
WMWRC334062014568**RATED LOCATION**BEN LOMOND AR 71823  
BEN LOMOND AR 71823**CLASS**9 -N -2-MMP -L  
A -L -2-MFP -L**COVERAGES**

Coverage applies where a premium or 0.00 is shown for the vehicle.

**LIMITS OR  
DEDUCTIBLES****Vehicle 1****PREMIUMS****Vehicle 2****Vehicle****MULTI - RISK**INCLUDES: COMPREHENSIVE  
COLLISION  
MECHANICAL BREAKDOWN\$500 DED  
\$500 DED  
\$250 DED252.10  
420.40  
33.10**SIX MONTH PREMIUM PER VEHICLE:**

\$ 4594.30 \$ 993.40

If you elect to pay your premium in installments, you may be subject to an additional fee for each installment. The fee amount will be shown on your billing statements and is subject to change.

**Premiums for these vehicles are based on the following Discounts and/or Surcharges:**

DISCOUNTS MULTI-CAR (VEH 1,2); 5 YEAR GOOD DRIVING (VEH 2)

SURCHARGES ACCIDENT AND/OR CONVICTION AND/OR INEXPERIENCED OPERATOR  
(VEH 1)**Lienholder Vehicle****Lienholder Vehicle****Lienholder Vehicle**

**Important Messages Continued****Date Issued: 03-05-08****Policy Number: 3003-58-55-30****IMPORTANT MESSAGES**

- In order to exclude a driver from this policy, you will need to obtain a Named Driver Exclusion Form. Please contact your broker.
  - As a normal course of business, we routinely audit our policies. During a review of your Automobile Policy, it was discovered that we made a rating error. We have gone back to the original effective date of your policy and corrected our error. A credit will be applied to your policy or if you have paid in full, a refund will be issued. We sincerely apologize for the error.
  - Uninsured Motorist Property Damage Coverage was deleted from your policy because the necessary form was not received. If you wish to have Uninsured Motorist Property Damage Coverage added to your policy, please complete and return the enclosed Uninsured Motorist Option Form.
  - Coverages and/or limits were changed as you requested.
  - Coverages and/or limits were added as you requested.
  - It is our policy to write the same limits of liability on all vehicles. We have adjusted all units accordingly.
  - We have added Towing Service to your 2004 GMC YKNDNLIAWD, per your request. In the event you need towing assistance, please call 1-800-42-GEICO and an operator will dispatch a qualified motorcycle tow truck to assist you.
  - To ensure you have received all policy documents, we have enclosed duplicate policy paperwork for your records. No response is necessary.
  - Test message for testing Consolidated Endorsement Alpha Numeric message.
- 

\*000F0C3 003 5 85 5 3 003 063 000007 \*



**Discounts Continued**

**Date Issued: 03-06-08**

**Policy Number: 3003-58-94-25**

MARKETING PARTNER DISCOUNT - BANK OF AMERICA (VEH 1,2,3)

\*20050C300358942527013000026\*

